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To: Examiner Meaghan E. MacPherson
Ait Unit 3732

From: Katie McCarthy, Patent Assistant

Fax: 571-273-8300

Pages: 19

Phone:

Date: June 13, 2006

Re: Response and Amendments
Patent Application 10/698,112
Atty Docket # DFD-7311

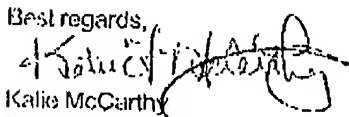
CC:

Dear M. MacPherson:

Please find attached the following documents in connection with the above identified application:

- Transmittal Form (1 page)
- Petition for Extension of Time (1 page)
- Amendment (14 pages)
- Replacement Drawings (2 pages)

Best regards,


Katie McCarthy
Patent Assistant

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/098,112
	Filing Date	October 31, 2003
	First Named Inventor	David R. Pollock et al.
	Art Unit	3732
	Examiner Name	Meaghan E. MacPherson
Total Number of Pages in This Submission	Attorney Docket Number	DPD-7311

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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 C.F.R. 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Daniel W. Sullivan, Esquire, DENTSPLY International Inc.		
Signature	<i>Daniel W. Sullivan</i>		
Printed name	Daniel W. Sullivan, Esquire		
Date	June 13, 2006	Reg. No.	34937

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Signature	<i>Katie F. McCarthy</i>		
Typed or printed name	Katie F. McCarthy	Date	June 13, 2006

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